

Athletics for Health

As a result of a study of school athletics, the Education Policies Commission of the National Education Association of the United States and the American Association of School Administrators has drafted comprehensive recommendations. The summary of these recommendations, adapted for publication in Public Health Reports, is presented here for the benefit of public health officials who may be called upon to evaluate safety factors, physical and emotional stresses of competitive sports, and the implications for health education and constructive recreation when these recommendations and associated issues are discussed.

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Athletics can, and do, serve valuable purposes in school programs. Too much of the educational potential in school athletics, however, is unused or misused. Evils are, rightly, much criticized; but these are to be found in abuses in practice and not in the essential nature of athletics.

Neither the teaching profession nor the general public should remain silent when sports programs serve purposes contrary to desirable educational objectives. The community should not permit any pressures to divert school athletics from the objectives of good education. Schools must make every effort to conduct their athletic programs in ways that will do the most good for children and youth.

Each school or school system should identify clearly the goals it seeks for its athletic program. School personnel should invite the cooperation of students and other citizens in identifying these goals.

All children and youth should share in the benefits of athletic participation. School programs should be so planned that every pupil may have athletic experience.

From School Athletics, Problems and Policies; Washington, D. C., National Education Association, 1954, chapter 11, pp. 81-84.

At all grade levels, elementary and secondary, the curriculum should include broad programs of physical activities in the form of organized games and sports. These programs should be conducted by teachers on the regular school staff and should be under the control of school authorities. In these respects, school athletics should be no different from other parts of the instructional and activity program of a school.

Athletic activities should fit harmoniously into the rest of the school program with respect to purposes, schedules, budgets, and demands on the time and attention of students and staff. Athletic activities should be conducted as part of physical education under the direction of teachers with special preparation in the field of physical education.

The Core of the Program

Programs of athletic education will succeed in proportion to the extent to which they are infused with variety and appeal, matched to the varying needs and interests of different children, scheduled to permit maximum participation, and supported with adequate funds, facilities, and leadership.

The core of the program at all levels should be the athletic instruction and play for all pupils in regular classes in physical education. (The total program in physical education, of course, includes many other things than athletics, both in physical education classes and in out-of-class activities. . . . The scope of this statement is confined to school athletics, here defined as "all school-sponsored physical activities in the form of competitive games or sports in which students participate.") This required program should be supplemented by games and sports that enlist participants on a voluntary basis. The out-of-class, voluntary program should be informal and casual in the lower grades, but increasingly organized at upper levels.

For the most part, at all levels, pupils should compete only with schoolmates, but occasionally there might well be provided opportunities—available to all pupils—to play with and against pupils of other schools in such informal extramural activities as play days and sports days.

Interscholastic competition should be permitted only in senior high school. In elementary school and in junior high school, there should be no "school team" (in the varsity sense), no leagues, no tournaments, no interschool championships. In senior high school, there should be no postseason championship tournaments or games.

Athletic games, in all cases, should be played with emphasis on fun, physical development, skill and strategy, social experience, and good sportsmanship. High-pressure competition, with overemphasis on the importance of winning, should not be sanctioned in any part of the school program. When such competition is promoted for children and youth outside the school's jurisdiction, school personnel should not only refuse to give it their sanction but should also exert leadership in the community to bring about better understanding of what constitutes desirable athletic experience for young people.

Wise Leadership at All Levels

Danger of overindulgence in competitive sports is perhaps greatest at junior high school level, where wise leadership and careful guidance are critically needed to prevent physical and emotional injury to young adolescent boys. Strong pressures sometimes must be resisted—pressures from diverse sources: out-of-school promoters, recruiters of "material" for senior high school varsity teams, parents who desire athletic stardom for their sons. Pressures from the boys themselves—driven by altogether natural desires to grow up, to emulate older boys, and to achieve recognition—must also be curbed.

Boxing should be taboo at all school levels. Ice hockey and tackle football should not be played below senior high school. Girls should not engage in body-contact sports at all.

Boys and girls, in all grades, should have opportunities to play together in a variety of sports. Beginning with junior high school, the distinctive needs of the sexes call for recognition. In senior high school, boys and girls should be separate for much the larger part of the athletic program, but there should be considerably more co-recreation at that level than is to be found in prevailing practice.

Girls should share equally with boys in facilities, equipment, and funds allocated to athletic activities in junior and senior high school. But girls' athletic activities should not be imitations of those for boys. They should play according to girls' rules.

Boys' interscholastic athletics should be governed by the same authorities that control other parts of the school program, at both local and State levels. A State high school athletic association should function under the authority of, and within a framework of policies established by, the legally constituted educational agency of the State government.

Local school authorities should give consistent support, in letter and in spirit, to the rules and standards developed by the several State high school athletic associations and by similar bodies. They should acquaint members of boards of education, sportswriters, and other citizens with these rules and standards; develop community understanding of the reasons for them; and resist pressures for practices that would violate them.

State departments of education should become increasingly active in efforts to focus attention of educators and laymen on the needs for desirable educational objectives and effective controlling policies for interscholastic athletics.

Boards of education should establish policies for financial support of interscholastic athletics that will free the interscholastic program from dependence on gate receipts. School and community leaders should make every effort to finance athletics completely out of general school funds at the earliest possible date.

A school's athletic activities should be in harmony with the rest of the total school program with respect to aims and outcomes. Athletic activities should synchronize with the rest of the educational enterprise in matters of schedules, responsibilities of the school staff, demands on the time and energy of students, and allocation of space and facilities. Funds provided for athletics should be generous, but not at the expense of other educational essentials. In short, a school's program in athletics should in all respects be kept in sound proportion to the total school program.

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Care of the Long-Term Patient

Source book on size and characteristics of the problem

Public Health Service Publication No. 344. 1954. By G. St.J. Perrott, Lucille M. Smith, Maryland Y. Pennell, and Marion E. Altenderfer. 123 pages; tables. 60 cents.

This source book is a compilation of statistical information assembled for the use of participants in the National Conference on Care of the Long-Term Patient. It consists of 69 tables, each group of tables being preceded by a brief descriptive analysis. In addition to information from published sources, this compilation includes a large volume of hitherto unpublished data. Special analyses were prepared from data obtained by several agencies in their own reporting programs. Other tabulations are summaries of material collected by study groups preparing background information for the conference.

The estimated number of persons with long-term disabling chronic disease or impairment in the United States was 5.3 million in 1950, about 3.5 percent of the total population. Excluded from this frame of reference are approximately 23 million other persons whose impairments resulting from chronic disease, injury, or congenital anomaly are minor or nondisabling—conditions for which short-term care is ordinarily available in most communities.

The estimated number of long-term patients in the civilian noninstitutional population is 4.2 million, or 79 percent, of the total with long-term disability. Hospitals for long-term care—mental, tuberculosis, and chronic disease—account for 14 percent; homes and schools for the mentally handicapped, for the physically handicapped, and for the aged and dependent, another 7

percent. Almost 2.1 million of the long-term patients are in the older age group, 65 years and over; about 1.8 million are age 45–64 years, and 1.4 million are under 45 years.

Topics discussed under the heading of the patient at home are home-care programs of general hospitals, homemaker services, nursing services, and foster home placement service. Data on the patient in an institution cover all types of hospitals—general and allied special, mental, and tuberculosis, as well as nursing and convalescent homes, homes for the aged, and homes and schools for the mentally and physically handicapped. Integration of facilities and services relates to community welfare councils, national voluntary health agencies, regional health service programs, and counseling and referral services. Appendixes show the location of rehabilitation centers, non-Federal chronic disease hospitals, and chronic disease units of 10 or more beds in non-Federal general hospitals.

A Comprehensive Program for Water Pollution Control for the St. Croix River Basin

Water Pollution Series No. 60. Public Health Service Publication No. 335. 1953. 8 pages. Available from the Minnesota State Pollution Control Commission, the Wisconsin State Committee on Water Pollution, and the Upper Mississippi and Great Lakes Drainage Basins Office.

This document is one of a series presenting comprehensive pollution abatement programs developed by the States and adopted by the Surgeon General of the Public Health Service in accordance with the Water Pollution Control Act.

The State water pollution control

agencies of Minnesota and Wisconsin have cooperated in establishing a comprehensive program designed to correct pollution conditions in the St. Croix watershed. The essential elements of the program are outlined in this publication.

The St. Croix River rises in Upper St. Croix Lake, Douglas County, Wisconsin, and flows in a southerly direction 164 miles to the Mississippi River. It drains 3,250 square miles of eastern Minnesota and 4,400 square miles of northwestern Wisconsin. There are 33 sewer municipalities and institutions with a total connected population of about 43,000 in the basin. Twenty-five of these municipalities are served with treatment facilities although 7 of the 25 are reported to have inadequate capacity. The 8 remaining communities discharge sewage directly to the stream without treatment.

The major use of surface water in the basin is for recreational purposes. All public water supplies are obtained from ground sources. Although the area is predominantly rural, the agricultural yield is low and many residents have developed recreational facilities to attract tourist and vacation trade for supplemental income.

Despite abatement progress made in this basin, there is still considerable pollution, due to the fact that the municipal sewers carry a considerable industrial waste load in addition to the load of the actual population served by sewers.

Concepts of Radiological Health

Public Health Service Publication No. 336. 1954. 48 pages; illustrated. 45 cents.

The major goals of radiological health are to prevent impairment of human well-being from exposure to injurious ionizing radiations and to promote better health through the beneficial use of radiation, radiation-producing machines, and radioactive substances.

This manual brings together viewpoints and basic information perti-

ment to the practice of radiological health and has been prepared to serve as a source book for Public Health Service regional consultants in preparing short lectures and brief courses in radiological health.

The subject matter has been divided into three parts: I. Radiation Production and Absorption; II. Biologic Effects of Radiation Absorption; III. Radiological Public Health. This publication contains parts I and II. Part III is in process of preparation.

Part I covers radiation as a public health problem; atomic physics and isotope-produced radiations; machine-produced radiation; and absorption of ionizing radiation.

Part II discusses how radiation initiates changes in living tissues; units of radiation and radioactivity; biologic effects of radiation; and radiological health implications.

Appendixes include a glossary of radiation and biological terms; list of elements; masses of the known isotopes; and comparison of properties of selected radioisotopes.

Proceedings of the Third Conference of Mental Hospital Administrators and Statisticians

Public Health Service Publication No. 348. 1954. 133 pages; charts and tables. 65 cents.

The third annual Conference of Mental Hospital Administrators and Statisticians, with representatives from 15 States, met in Washington, D. C., April 15-17, 1953, to discuss developments in mental hospital statistics and to explore methods of obtaining more adequate data on the mentally ill in hospitals and outpatient clinics.

Résumés of the principal addresses and reports from the member States, now forming the "model reporting area for mental hospital statistics," are given in the publication together with charts and tables illustrating the studies made of data gathered from mental hospitals.

In summarizing this conference

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and in mentioning the work of the two previous conferences, the report points out that statistical methods, when properly used, allow the objective presentation of needed data to determine what is being done and what is being achieved. Individual States are now showing considerable activity in trying to get meaningful data on what is going on in mental hospitals and in clinics, according to the report.

Plans for the next conference, proposals for financing the meeting, and suggestions for interim committee work to develop and evaluate tabulations and methods of analysis are reported.

Salaries of State Public Health Workers, August 1953

Public Health Service Publication No. 340. 1953. 55 pages. Prepared in cooperation with the Association of State and Territorial Health Officers and the American Public Health Association.

The data for this study, the seventh in the annual series, were obtained from State health department payrolls for August 1953. Payroll and work titles were used in classifying the types of personnel included in the study. Only full-time professional personnel in the following classifications are reported: medical, nursing, sanitary engineering, sanitation, nutrition, health education, statistical, laboratory, business management, dental, and veterinary.

Data on salaries paid State health officers, five selected nonmedical program directors, and personnel in the groups listed above are presented by bar graphs and, in more detail, by tables.

Caution should be observed in interpreting comparisons of salaries between States. The organizational

patterns, the responsibilities of individual positions, and qualifications of incumbents vary greatly from State to State. For example, several of the directors of vital statistics have broad responsibilities as chief statisticians for their entire health departments in addition to the responsibility for the collection and registration of vital statistics. The data are collected primarily for the purpose of charting and reporting currently on general salary trends. In line with this general purpose the detailed information is published to give State officials a broad view of their situation in relation to national averages.

Shellfish With Certificates

Public Health Service Publication No. 350. 1954. 1-fold leaflet; illustrated. \$1.50 per 100.

A certificate number is placed on every container of fresh or frozen oysters, clams, or mussels coming from a clean State-inspected plant. The public is advised to find the certificate number on the container before buying shellfish, and, if certified shellfish cannot be found, to check with local or State health departments.

This section carries only announcements of all new Public Health Service publications and of selected new publications on health topics prepared by other Federal Government agencies.

Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.

The Public Health Service does not supply publications issued by other agencies.
